



Denmark's prime minister, Poul Nyrup Rasmussen, clutching a large scale version of the Scandinavian Tobacco Company's leading Prince cigarette pack (with the Prince name replaced by ST). Photo credit: Jan Persson

tobacco products, which should be implemented by Danish legislation before the end of 2001. In April 1999, she stated: "The EU directive is a reasonable directive. Therefore we will start to implement the directive as the Ministry of Culture negotiates with its supported institutions and when the Ministry of Culture sponsors cultural projects and cultural institutions".

Denmark has more reasons than most countries to take tobacco control seriously, with 12 000 deaths a year from tobacco and one of the world's highest female lung cancer rates. Nevertheless, while the current 1000 cases per year are predicted to double within 10 years, the Danish Council on Smoking and Health has a budget of only \$2.5 million a year. A recent decision to offer nationwide breast screening to prevent just 150 of the current 1300 breast cancer deaths per year, however, will cost between \$7–15 million dollars.

One of the cultural institutions sponsored by STC is the Danish Royal Theatre in Copenhagen. Appropriately, among its core repertoire is the modern ballet "Triumph of Death", with music by the rock group Savage Rose.

## The Smokey Planet guide to the Framework Convention

The International Framework Convention on Tobacco Control has already become a familiar phrase, and everyone knows it is the lynchpin of

the World Health Organization's long term strategy for tobacco control. But what exactly is it, and how is it likely to feature in the work of tobacco control advocates over the next few years? We offer here a basic guide to this most important development in international tobacco control, with thanks to the Advocacy Institute, USA, on whose work it is based.

The Framework Convention on Tobacco Control, often abbreviated to FCTC, is an international treaty like the one on climate control, which is aimed at controlling tobacco use world wide because of the epidemic of disease and premature death which it causes. It is not only the first time such an approach has been used in tobacco control, but also the first international treaty on health—evidence of the top priority status WHO now gives to the tobacco problem. It will address such issues as tobacco advertising and promotion, agricultural diversification, smuggling, and taxation. It will be especially important in guiding developing countries, which are due to bear the worst of the projected 10 million premature deaths each year from smoking by the year 2025. Few developing countries have strong tobacco prevention programmes, and the FCTC will offer them the opportunity to strengthen tobacco control legislation, and to synchronise tobacco control policies with other countries.

Speaking in October 1998 only months after assuming office, Dr Gro Harlem Brundtland, WHO's director general, said: "Tobacco control cannot succeed solely through the efforts of individual governments, national NGOs (non-governmental organisations) and media advocates. We need an international response to an international problem. I believe the response will be well encapsulated in the development of an international framework convention . . .". In May 1999, WHO's "parliament", the World Health Assembly (WHA), unanimously backed a resolution asking Dr Brundtland to move forward with the development of the FCTC.

The importance of the FCTC can be judged by that fact that it has already received that most reliable of all evaluations, the strong condemnation of the international tobacco industry. At the annual shareholders meeting of BAT, the company's chairman, Martin Broughton, attacked WHO, which, he said, "seems to have been hijacked by zealots in its desire to set itself up as some sort of super nanny". There is evidence that individual companies have already

started asking to meet governments to discuss their "views" about it.

So what exactly is a "framework convention"? In general, a convention is a type of legally binding treaty that establishes a system of international governance for an issue. Framework conventions determine the general guidelines and principles for governance. Protocols, which are separate, more specific agreements, are established to supplement and support the framework. This approach is designed to proceed incrementally. Thus the FCTC will be a legally binding international treaty to establish a general system of governance for global tobacco control. It will be developed by WHO's 191 member states, and serve as an instrument to complement and strengthen national tobacco control programmes. This is the first time that the member states of WHO have exercised their constitutional authority to develop such a convention.

The process of development of the FCTC is already in hand. An informal working group, open to all member states, began drafting the framework and possible protocols in October. It was established by the WHA, together with a formal intergovernmental negotiating body, also open to all member states, which will negotiate the proposed FCTC and related protocols. This body will meet after the WHA meeting in May 2000 and begin the formal negotiation phase.

The FCTC provides a general set of guidelines and principles for the member states. The related protocols will be separate, more specific, agreements that address transnational issues. Protocols addressing taxation, smuggling, and tobacco advertising may be considered. The framework/protocol process is designed to proceed slowly and incrementally. In the USA, for example, the framework and each protocol will need to be ratified individually by the senate, like any treaty. This sort of approach allows member states to support the general framework, but still have the ability to make decisions on individual protocols. The WHA is likely to adopt the FCTC and its related protocols formally at its meeting in May 2003.

To tobacco control advocates, the importance of the FCTC cannot be overstated. Support for the FCTC should be seen as an integral part of supporting national and international tobacco control. When adopted, the FCTC will raise the profile of tobacco control, and could result in increased financial resources both within countries and at the international level for tobacco control efforts. Advocates

should stay abreast of the latest developments surrounding the FCTC and look for any opportunities to support its efforts. They can contact WHO's Tobacco Free Initiative for more information, or visit its website at <http://www.who.int/toh/>. They can begin lobbying their own governments to take a leading role in the development of the FCTC and related protocols, and to support parliamentary ratification of the resulting convention and protocols. They can also plug into NGOs coordinating international NGO support for the FCTC, whose activities are already becoming evident on tobacco control electronic information networks such as GLOBALink and SCARNet.

NGOs will play a vital part in ensuring the FCTC plan is ultimately successful. Their most important tasks, all interrelated roles, will be in the areas of political motivation, the flow of information and intelligence, lobbying, and, perhaps most important of all, counteracting what is sure to be a massive offensive of tobacco industry propaganda. They can help shape the detail of the FCTC and oil the wheels of diplomacy to ensure that it is embraced by governments. As governments respond to the concerns of their voters, the first job of the NGO community is to raise awareness of the FCTC and promote it up the domestic political agenda by generating news coverage, campaigning events, and political pressure.

NGOs will be among those who best understand the FCTC, and so will be essential in disseminating information about it. This could involve everything from providing a government official with evidence that tobacco advertising raises tobacco consumption, to alerting colleagues that wrecking amendments have been proposed by a national delegation sympathetic to, or innocently influenced by, the tobacco industry. Inside and around meetings about the FCTC, the NGO presence can influence the proceedings, either by making interventions when permitted, or by lobbying and applying pressure directly to delegates. Often the NGOs have the best collective view of where the delegations all stand and can be well placed to apply pressure where it is most effective. If a particular delegation is trying to sabotage a progressive measure, for example, the NGO community can often expose it in a way that diplomats are unwilling to do. In short, NGOs will be the standards inspectors and the conscience of the process, ensuring that the best terms are struck, and calling out when inappropriate compromises

are made, or when money is talking louder than health.

Dr Brundtland herself has said that the primary role of NGOs "is to establish networks, formulate expectations from member states (as well as from the WHO), provide technical expertise on issues, and monitor and expose abuses". For tobacco control advocates everywhere, there has never been a more important call to arms. In future editions of *Tobacco Control* we shall revisit this story as it unfolds, hoping to play our own part in maximising the unprecedented opportunity being offered to public health.

## Australia: industry flies the surrender flag

A recent commentary in *Tobacco Control* outlined the nature of the relation between universities and research institutions, and research funding from tobacco companies.<sup>1</sup> The article also addressed ways of countering this relationship. Revelations from the tobacco industry's internal documents from Australia show how effective pressure can be brought to bear by those who fund and participate in research by denying funding to organisations and individuals that take tainted tobacco dollars.

Australian tobacco companies established the Australian Tobacco Research Foundation in the 1970s and distributed grants through a scientific advisory committee. Its name was later given a public relations facelift and changed to the Smoking and Health Research Foundation. Its funding came from WD and HO Wills, Rothmans, and Philip Morris, each contributing around \$500 000 per year.<sup>2,3</sup> Between 1970 and 1994 the foundation disbursed over \$A9 million in grants.<sup>4</sup> Its mission was "to conduct research into the relationship in Australia between smoking and health and disease in its widest context. Support may be given to projects which aim to elucidate the mechanisms by which tobacco smoking is thought to be linked to human disease".<sup>3</sup>

In 1988, all members of the scientific advisory committee wrote a letter to the editor of the *Medical Journal of Australia* after suggestions that the foundation was supportive of the tobacco industry, or smoking, or both. They stated: "The members of the scientific advisory committee are unanimous in believing that smoking is an important causative factor in several major diseases . . . It is not our

task to advise the tobacco industry on any matters other than those that relate directly to the funding of research projects, or to discuss other matters that are related to industry and society. In particular, we do not, in any sense, act as spokesmen for the tobacco industry, nor do we have any financial relationships with the tobacco industry except to advise on the disbursement of research funds."<sup>2</sup>

None of the standard publicity material distributed by the Smoking and Health Research Foundation of Australia appears to make any mention of their source of funding; the name change from Australian Tobacco Research Foundation only contributes to obscuring an obvious connection.<sup>5</sup>

By the early 1990s the Australian Medical Association, the Thoracic Society of Australia, the National Heart Foundation of Australia, and some state cancer councils such as the New South Wales Cancer Council expressed their strong opposition to the acceptance of funds from tobacco industry sources.<sup>6</sup> The National Heart Foundation and some state cancer councils went further and adopted policies which prohibited recipients of tobacco funding receiving their grants.<sup>6</sup> A survey of 45 universities in 1991-92 found that only two had institution wide policies, however, and that seven out of 10 medical schools had faculty specific policies not to accept tobacco funds. Nevertheless, the authors concluded that "the nexus between the tobacco industry and centres of higher education remains strong".<sup>6</sup>

In 1993 a national current affairs television programme, *Sunday*, explored the relation between the tobacco industry and its funding of medical research. As a result a motion was brought by senator John Herron in the Australian parliament congratulating the programme makers for their "exposure of the fraudulent behaviour of the tobacco industry and the spurious activities of the Australian Tobacco Research Foundation". Professor Mike Rand of the scientific advisory committee wrote to another senator, Kerry Sibraa, expressing his profound disquiet about senator Herron's statement.<sup>4</sup> In 1994, shortly after Rand had left the foundation, it awarded him \$A281 900.<sup>7</sup>

In May 1996, the Australian Cancer Council sent a letter to all Australian universities advising that they had "adopted, in principle, the policy that it and its member bodies (the state cancer councils) would not provide research funds to institutions